

Case Number:	CM15-0218082		
Date Assigned:	11/10/2015	Date of Injury:	04/30/1994
Decision Date:	12/22/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old female, who sustained an industrial injury on 04-30-1994. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, hypothyroidism, hepatitis, chronic pain syndrome, cervicalgia, and myalgia and myositis. Medical records (06-17-2015 to 09-15-2015) indicate a 50% decreased in muscle tightness of the right side of the neck from the trigger point injections (07-2015). Pain levels were 5-6 out of 10 on a visual analog scale (VAS) on 06-17-2015, and reduced to 3-4 out of 10 on 09-15-2015. However, pain was noted to be increased on 10-14-2015 to 6 out of 10. Records also indicate decreased activity levels and level of functioning due to the reduction in medications. Per the treating physician's progress report (PR), the IW may return to work with restrictions. The physical exam, dated 10-14-2015, revealed improved (with continuation of restricted and painful) range of motion in the cervical spine, mild to moderate tenderness throughout the posterior cervical spine and paraspinals with mild paravertebral muscle tightness, and mild trigger points with taut bands in the right cervical paraspinals. Relevant treatments have included: cervical fusion surgery, trigger point injections, physical therapy (PT), work restrictions, and medications. The treating physician indicates that participation in a functional restoration program will benefit the IW by allowing the IW's medications to be tapered safely and provide adjunct pain management at the same time. The request for authorization (10-14-2015) shows that the following service was requested: 12 multidisciplinary pain management and functional restoration program (FRP). The original utilization review (10-27-2015) non-

certified the request for 12 multidisciplinary pain management and functional restoration program (FRP).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 Multidisciplinary pain management and functional restoration program (FRP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: This 57 year old female has complained of neck pain since date of injury 4/30/1994. She has been treated with surgery, trigger point injections, physical therapy and medications. The current request is for 12 multidisciplinary pain management and functional restoration program (FRP). Per the MTUS guidelines cited above, an adequate and thorough evaluation is recommended prior to initiating a functional restoration program with clear delineation of baseline function prior to consideration of entry into a FRP. The provided medical records do not document a thorough evaluation of baseline function or functional goals as is recommended in the MTUS guidelines. On the basis of this lack of documentation, 12 multidisciplinary pain management and FRP is not indicated as medically necessary.